MARSHALL UNIVERSITY
Telecommunications

MURC LONG DISTANCE SERVICE REQUEST

This form is to be used by MURC employees to apply for a telephone access code for long distance telephone services to be charged to a MURC Fund.

Name: _____

Position: _____

Department: _____

Extension: _____  Campus Address: _____

Charge long distance service to:  MURC Fund: _____  MURC Org: _____

Fund end date: _____

Certification:

“I certify that long distance charges are appropriate and allowable for the above Fund/Org and that the long distance code will only be used for business calls related to the Fund/Org above.”

Applicant’s Signature: ___________________________ Date: ______________

Approval:

PI’s Signature: ___________________________ Date: ______________

MURC Approval: ___________________________ Date: ______________

Revised 11-2-2010